

POSITION	ID NO.	DATE
CLASSIFIER	22	9/14/94
EXAMINER	299	9/16/
TYPIST	324	9/16/94
VERIFIER	342	9-16
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	8/1/94
2	8/1/94
3	8/1/94
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Claim	Date
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Original	
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## SYMBOLS

- ✓ Rejected
- = Allowed
- (Through number) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected